

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Focus on the Family Action

(b) Address (number and street) ☐ check if different than previously reported

8655 Explorer Drive

(c) City, State and ZIP Code

Colorado Springs

CO

80920

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000673

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

(b) Communication Title

Fighting For Life in
the 2008 Election

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Mrs. Sonja Kristine Swiatkiewicz

(b) Address (number and street)

8655 Explorer Drive

(c) City, State and ZIP Code

Colorado Springs

CO

80920

(d) Name of Employer or Principal Place of Business

Focus on the Family Action

(e) Occupation

Director, Issues Response

9. Total Donations This Statement

10000.00

10. Total Disbursements/Obligations This Statement

40356.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mrs. Sonja Kristine Swiatkiewicz

SIGNATURE Electronically Filed by Mrs. Sonja Kristine Swiatkiewicz

DATE 10/17/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Mr. Bobb Biehl	Transaction ID : F91.4099	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
B.	(a) Name Mrs. Elsa Prince Broekhuizen	Transaction ID : F91.4100	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
C.	(a) Name Lt. Gen. Patrick Caruana	Transaction ID : F91.4101	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Vice Chairman	
D.	(a) Name Mr. James D. Daly	Transaction ID : F91.4102	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business Focus on the Family Action	(e) Occupation President	
E.	(a) Name Dr. James C. Dobson	Transaction ID : F91.4103	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Chairman	

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Mrs. Shirley Dobson	Transaction ID : F91.4104	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Secretary	
B.	(a) Name Mr. Robert E. Hamby, Jr.	Transaction ID : F91.4105	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
C.	(a) Name Dr. R. Albert Mohler	Transaction ID : F91.4106	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
D.	(a) Name Mr. Paul Nelson	Transaction ID : F91.4107	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
E.	(a) Name Dr. Kathleen Nielson	Transaction ID : F91.4108	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Mr. Eric Pillmore	Transaction ID : F91.4109	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
B.	(a) Name Mr. Kim Robinson	Transaction ID : F91.4110	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
C.	(a) Name Mr. Lee Torrence	Transaction ID : F91.4111	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board member	
D.	(a) Name Mr. Daniel Villanueva	Transaction ID : F91.4112	
	(b) Address (number and street) 8655 Explorer Drive		
	(c) City, State and Zip Code Colorado Springs CO 80920		
	(d) Name of Employer or Principal Place of Business	(e) Occupation Board Member	

A. Full Name of Donor

unitemized contributions

Mailing Address of Donor
8655 Explorer Drive

City	State	Zip
Colorado Springs	CO	80920

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Amount

1	0	0	0	.	0	0
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Transaction ID : F92.4113

SUBTOTAL of Donations This Page (optional).....

1	0	0	0	.	0	0
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TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

1	0	0	0	.	0	0
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SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Focus on the Family				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>	
Mailing Address of Payee 8605 Explorer Drive				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40356.00</div>	
City Colorado Springs		State CO		Zip Code 80920	
Name of Employer		Occupation		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>	
Purpose of Disbursement (including title(s) of communication(s)) Radio Broadcast - Fighting For Life in t					
Name of Federal Candidate John Sidney McCain		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4117		State: _____ District: _____		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Barack Hussein Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4118		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.4118		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">40356.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">40356.00</div>	